

## Iowa Division of Labor

### Amusement Rides

1000 East Grand Avenue

Des Moines, IA 50319-0209

Phone: 515-725-5612/515-725-5608

Fax: 515-242-5076

[amusement@iwd.iowa.gov](mailto:amusement@iwd.iowa.gov)

[www.iowadivisionoflabor.gov/amusement-ride-inspections](http://www.iowadivisionoflabor.gov/amusement-ride-inspections)

## Amusement Ride Operating Permit Instructions

It is illegal to operate an amusement ride or device without a permit. Submit a completed application and certificate of insurance to the address above. The waiver section of the application form must be completed for a permit application submitted after May 1. Failure to adequately justify an application submitted after May 1 may result in denial of your operating permit. Permits expire on December 31<sup>st</sup> of the year issued.

### Certificate of Insurance

The certificate of insurance submitted with your application must:

- Include "Iowa Division of Labor – Amusements, 1000 East Grand Avenue, Des Moines, IA 50319" as a certificate holder
- List included and excluded rides identified by the serial number
- State effective dates of the insurance coverage
- State a coverage amount of \$1,000,000.00 or more per occurrence

### Inspection

Your equipment must be inspected by a designee of the Labor Commissioner before it can be operated in Iowa. Contact the Division of Labor as early as possible to schedule your inspection.

All rider safety signs shall be posted before the inspection. At the time of inspection the following must be presented to the inspector:

- maintenance logs
- daily inspection logs
- operator training logs
- NDT documents if required

### Fees

Fees may be sent in with application or given to the inspector at the time of inspection. Rides will not receive stickers and shall not operate until the permit and inspection fees are paid. Cash will not be accepted. Payment must be made by check, cashier's check or money order payable to the Iowa Division of Labor - Amusements

**Permit Fees:**                    **\$30.00** – 1-10 rides or concessions                    **\$40.00** – 11 or more rides or concessions

**Inspection Fees:**            **\$250.00** – Major Ride (more than 40 hours of work to assemble)  
                                      **\$110.00** – Adult Ride (passengers weighing 75 lbs or more and less than 40 hours to assemble)  
                                      **\$75.00** – Kiddie Ride – (passengers weighing 75 lbs or less)  
                                      **\$40.00** – Concession Booth                    **\$40.00** – Inflatable  
                                      **\$40.00** – Blower                                    **\$40.00** – Generator

### Reporting Requirements

You must notify the Division of Labor:

- immediately of an accident causing a death or injury needing more than first aid
- in writing within 48 hours of a major breakdown
- of any change in the owner's contact information
- of any change in your itinerary

**If applying to self-inspect inflatables, you must submit both application forms. All criteria must be met, notification will be sent once a decision has been made.**

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**FOR OFFICE USE ONLY**

Permit #: \_\_\_\_\_

Permit Year: \_\_\_\_\_

Check #: \_\_\_\_\_

## Amusement Ride Operating Permit Application

**Inspections will not be scheduled until this form has been completed, signed and dated below.**

Show Name			
Owner's Name		Email Address	
Owner's Address		City	State Zip
Owner's Phone Number	Owner's Mobile Number	Owner's Fax Number	
Contact's Name		Contact's Email Address	
Contact's Phone Number	Contact's Mobile Number	Contact's Fax Number	
Is Business Incorporated? Yes      No		If Yes, in which State?	
Insurance Provider		Insurance Contact Name	
Insurance Phone Number	Insurance Fax Number	Insurance Email Address	

**Waiver - Complete this section only if you apply after the May 1<sup>st</sup> deadline**

Date I first knew an Iowa amusement permit  
would be needed for this calendar year:

I am applying for a waiver from the May 1<sup>st</sup> application deadline because:

I have read and understand the operating manuals for my equipment and the requirements of Iowa law governing amusement rides and devices. I certify that everyone who works for me in Iowa will be trained to maintain and operate the equipment according to applicable manuals and Iowa law. I certify that the information on this application form and on any attachments is true and accurate. I understand it is illegal to operate an amusement ride or device without a permit and current inspection sticker.

**Signature of Authorized Representative**

**Title**

**Date**

Please keep a copy of the completed application package for future reference

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

For deaf and hard of hearing, use Relay 711.

11.21.2016

100-001

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# Amusement Event Itinerary

List all events that have been booked for this year in the state of Iowa and all events you expect to book. Write "tentative" on an event that has not been finalized. If you do not have any events scheduled please write "no scheduled events" on this form and submit. Submit any updates as they become available to: [amusement@iwd.iowa.gov](mailto:amusement@iwd.iowa.gov) or 515-725-5612.

Set up date/time is the date/time you begin unloading equipment. List approximate times if an exact time is not available.

**Show Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			
Event Name				Event Location Name			
Address				City			
Set up Date	Set up Time	AM PM	Event Start Date	Event Start Time	AM PM	Event End Date	
Number of Rides		Number of Concessions		Number of Inflatables			

# Ride, Inflatable and Generator List

Show Name: \_\_\_\_\_

Permit #: \_\_\_\_\_

Ride Name	Trade Name	Manufacturer
Serial Number	# of Blowers	1 <sup>st</sup> Setup Location
Ride Name	Trade Name	Manufacturer
Serial Number	# of Blowers	1 <sup>st</sup> Setup Location
Ride Name	Trade Name	Manufacturer
Serial Number	# of Blowers	1 <sup>st</sup> Setup Location
Ride Name	Trade Name	Manufacturer
Serial Number	# of Blowers	1 <sup>st</sup> Setup Location
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